

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Dr</i>		10-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>MD</i>	579	11/15/01

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
11-15-01